

CENTRAL INTELLIGENCE AGENCY

## INFORMATION REPORT

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COUNTRY India

DATE DISTR. 7 Aug 53

SUBJECT Central Prison Hospital - Agra

NO. OF PAGES 2

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PLACE ACQUIRED

NO. OF ENCLS.  
(LISTED BELOW)

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DATE ACQUIRED BY

SUPPLEMENT TO  
REPORT NO.

DATE OF INFORM

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THIS IS UNEVALUATED INFORMATION

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SOURCE

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25X1X 1. [REDACTED] the Central Prison Hospital at Agra, United Provinces, in October 1951. The hospital consists of five small brick buildings with a total bed capacity of one hundred. It is located within the Central Prison which at the time [REDACTED] had about two thousand inmates. 25X1

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2. Principal diseases and treatment:

a. Malaria - Atabrine and mecaprine are used. They are obtained from May & Baker Co in Bombay.

b. Amoebic dysentery - Emetine hydrochloride injections.

c. Bacillary dysentery - Sulfa drugs of US and UK manufacture.

d. Common itch - DDT ointment.

e. Cholera, plague and small pox - Penicillin injections and potassium permanganate bath.

f. Typhoid fever - Chloromyctin obtained from US firms.

3. Salaries paid to physicians employed by the Indian Medical Service (IMS) range from one hundred to one thousand rupees per month. Those who have finished a high school course and have had one or two years of college medicine start at one hundred rupees per month. Those who have had two years of college and five and one-half years of medical school start at 250 rupees per month. In addition under IMS rules physicians are given living quarters but must pay for their meals. Maximum tenure as physician in any government owned hospital is three years. This is done to prevent physicians from becoming lazy and feeling they have a sinecure. One three year tenure does not necessarily preclude a further appointment for a like period in another hospital.

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25X1A 4. On two occasions [redacted] the Central Prison Hospital  
25X1A in Agra [redacted] was inspected by an IMS official. He checked all the hospital records, talked to the patients and asked them if they were treated humanely and took an inventory of medical supplies. These official inspections help to minimize corruption on the part of physicians.

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25X1A 5. [redacted] the entire medical profession in India will be improved during the next ten years. It is now generally accepted by physicians [redacted] that medical training in the US of a number of Indian nationals will redound to India's advantage. Many physicians are eager to come to US for medical training and lack of funds is the chief limiting factor. There has been a general tightening up of India's medical training program in the universities. Our chief problem is to convince Indian physicians that their sole objective should not be to make a large sum of money. At least 80% of all Indian doctors have this viewpoint.

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